## REGISTRATION FORM

## **SMART 2020 ANNUAL CONVENTION**

MARCH 14-17, 2020 | ORLANDO, FL | HYATT REGENCY GRAND CYPRESS HOTEL

PLEASE TYPE OR PRINT information as you want it to appear on your badge. <u>PLEASE USE ONE FORM PER REGISTRANT</u>. Photocopy form for additional registrants. Payment must accompany this form! *Please print clearly*.

Online registration is available by logging into the members only section on the SMART website (www.smartasn.org)

Name & Title			Badge name	
Company				
Address —				
Email				Phone ————
Emergency contact person (Full Name)				
Relation to Attendee				
Is this your first time attending the SMART Annual Conv.				
,				
<b>Please complete this section if your spouse is attend</b> Spouses in the industry must complete a separate for		e charged t	he Additiona	l Member Representative Rate.
Spouse full name —				Badge name
Email First time attending the SMART Annual Convention?  \Boxed Yes \Boxed No				
SPONSORSHIP OPPORTUNITIES (che	eck box)			EARLYBIRD DEADLINE:
□ Platinum\$1,000 information sheet for				JAN. 17, 2020
☐ Gold			d description	ALL REGISTRATIONS RECEIVED AFTER
☐ Silver			sponsorship	JANUARY 17, 2020 WILL BE CHARGED THE REGULAR RATE.
☐ Bronze		opp	ortunity.	
				<b>Registration Fees:</b> The registration fee covers all business sessions, conference materials and
SPONSORSHIP TOTAL	\$			scheduled meal functions. It does NOT cover hotel reservations.
Event	Earlybird	Regular	Total	7
Member Representative	\$1,200	\$1,250	\$	Cancellation Policy: All cancellations must be in writing. No refunds will be made after February
Additional Member Representative	\$1,025	\$1,075	\$	14, 2020. Cancellations prior to February 14 will
Spouse-not in the industry* (includes receptions only)	\$300	\$300	\$	be charged a \$50 administrative fee.
Closing Reception - Tuesday (no charge if registered for convention)				Please indicate any dietary restrictions
Young Professionals Networking - Sunday (no charge if registered for convention)				or disability requirements below. We can only provide access if we have prior
			\$	knowledge. Please note some dietary
·			\$	needs may result in additional charges.
* If you are in the industry and select this option, you will automa	• •	ad tha additio		<b>_</b>
" II you are in the maustry and select this option, you will automo	utically be charg	ea the additio	nai member rat	<u> </u>
Payment: Check (payable to SMART) VISA	◯ Ma	sterCard	◯ AmEx	
Card #	CVV	Exp. Da	te	
Cardholder Name				
Cardholder Address (if different from above)				
Signatura ( III ) I I I I I I				
Signature (will not be processed unless signed)				